

County: Barron
CUMBERLAND MEMORIAL HOSPITAL - ECU

Facility ID: 2460

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1110 7TH AVENUE
CUMBERLAND 54829 Phone: (715) 822-6113
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 51
Total Licensed Bed Capacity (12/31/00): 51
Number of Residents on 12/31/00: 50

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related
Skilled
No
No
50

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	38.0
Supp. Home Care-Personal Care	No					1 - 4 Years	48.0
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	0.0	More Than 4 Years	14.0
Day Services	No	Mental Illness (Org./Psy)	28.0	65 - 74	8.0		
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	42.0		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	38.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.0		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	12.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	22.0			RNs	11.6
Referral Service	No	Diabetes	8.0	Sex	%	LPNs	3.3
Other Services	No	Respiratory	2.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	18.0	Male	26.0	Aides & Orderlies	
Mentally Ill	No			Female	74.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Managed Care			Percent Of All Residents	
Level of Care	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	Total No.	
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	32	97.0	\$86.94	0	0.0	\$0.00	17	100.0	\$101.85	0	0.0	\$0.00	49	98.0%
Intermediate	---	---	---	1	3.0	\$72.79	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		33	100.0		0	0.0		17	100.0		0	0.0		50	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	11.1	Bathing	0.0	74.0	26.0	50
Private Home/With Home Health	0.0	Dressing	22.0	46.0	32.0	50
Other Nursing Homes	13.9	Transferring	46.0	44.0	10.0	50
Acute Care Hospitals	61.1	Toilet Use	26.0	44.0	30.0	50
Psych. Hosp. -MR/DD Facilities	5.6	Eating	74.0	22.0	4.0	50
Rehabilitation Hospitals	0.0	*****				
Other Locations	8.3	Continence		%	Special Treatments	%
Total Number of Admissions	36	Indwelling Or External Catheter	6.0	Receiving Respiratory Care		6.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	58.0	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	19.4	Occ/Freq. Incontinent of Bowel	40.0	Receiving Suctioning		0.0
Private Home/With Home Health	11.1			Receiving Ostomy Care		4.0
Other Nursing Homes	2.8	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	5.6	Physically Restrained	32.0	Receiving Mechanically Altered Diets		28.0
Psych. Hosp. -MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		92.0
Other Locations	2.8	With Pressure Sores	2.0	Medications		
Deaths	58.3	With Rashes	16.0	Receiving Psychoactive Drugs		64.0
Total Number of Discharges (Including Deaths)	36			*****		

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	87.5	1.12	84.5	1.16
Current Residents from In-County	84.0	83.6	1.00	77.5	1.08
Admissions from In-County, Still Residing	47.2	14.5	3.26	21.5	2.20
Admissions/Average Daily Census	72.0	194.5	0.37	124.3	0.58
Discharges/Average Daily Census	72.0	199.6	0.36	126.1	0.57
Discharges To Private Residence/Average Daily Census	22.0	102.6	0.21	49.9	0.44
Residents Receiving Skilled Care	98.0	91.2	1.07	83.3	1.18
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	66.0	66.7	0.99	69.0	0.96
Private Pay Funded Residents	34.0	23.3	1.46	22.6	1.50
Developmentally Disabled Residents	2.0	1.4	1.46	7.6	0.26
Mentally Ill Residents	30.0	30.6	0.98	33.3	0.90
General Medical Service Residents	18.0	19.2	0.94	18.4	0.98
Impaired ADL (Mean) *	44.0	51.6	0.85	49.4	0.89
Psychological Problems	64.0	52.8	1.21	50.1	1.28
Nursing Care Required (Mean) *	7.0	7.8	0.90	7.2	0.98